

St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"



APPLICATION FOR ABANDONING A SEPTIC SYSTEM

Address of Property (Print): _____

Owners Name (Print): _____

Phone: _____ Cell: _____ Fax or email: _____

Type of water supply: Well: _____ Municipal: _____ Is the existing Well to be used? Yes _____ No _____*
*(If no, a Well Application must be submitted with this application).

I propose to use the following abandonment methods (check those that apply):

- Septic tank: Pump, break bottom, and fill _____ or Pump and remove to landfill _____
Dose tank: Pump, break bottom, and fill _____ or Pump and remove to landfill _____ or N/A _____
Drywell: Let dry, collapse, and fill _____ or Let dry and remove to landfill _____ or N/A _____
Field system: Leave in place _____ or Let dry and remove to landfill _____ or N/A _____

Other (specify abandonment method) _____

Who do you want the permit sent to?

Name: _____ Email or Fax No: _____

Provide mailing address if no email or fax # given: _____

Sketch:

Complete sketch on reverse side and provide to the inspector at the time of abandonment.

Certification:

I hereby certify that I am the property owner or the authorized representative of the property owner and that the above statements are true and accurate. I certify that I have the authority to and I hereby grant permission and consent for the Department of Health to enter onto the exterior portions of my property without prior notice to conduct inspections as necessary to assure compliance with all applicable laws and rules pertaining to the abandonment of the septic system.

Signature of applicant

Date

Printed name of applicant

For Department of Health Use Only Application #: _____

No work may be done until a permit has been issued. You must call the Department of Health at 574-235-9722 two hours before beginning the abandonment.

